04/14/2006 18:04

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For (Other Than An A	uthorized Com	mittee	Of	fice Use Only
NAME OF COMMITTEE (in full)		FEC MAILING LABE	Example:If over the line	typing, type es		
American Associatio	n of Orthodonti	ists Political Action Co	ommittee			
					1 1 1 1 1 1	
ADDRESS (number and st	treet) 40	11 N. Lindbergh Blvd				
Check if different than previously reported. (ACC)	ı St	. Louis			MO	63141
2. FEC IDENTIFICATI	ON NUMBER	—	CITY 🛕		STATE	ZIPCODE 🛕
C00293910		3.	IS THIS REPORT	NEW (N) OR	AMEN (A)	DED
4. TYPE OF REPOR (Choose One) (a) Quarterly Report X April 15 Quarterly F Quarterly F Quarterly F Quarterly F January 31 Quarterly F July 31 Mid Report(Notyear Only) Terminatio (TER)	Report(Q1) Report(Q2) Report(Q3) Report(YE) d-Year n-election (MY)	(c) 12-Day PRE-Election Report for the (d) 30-Day Post -Election Report for the	ection on Genera	May 20 (M5) Jun 20 (M6) Jul 20 (M7) y (12P) ntion (12C)	Aug 20 (Sep 20 (Oct 20 (General (12G Special (12G Runoff (30R)	Year Only) Dec 20 (M12) (Non-Election Year Only) M10) Jan 31 (YE) Runoff (12R) in the State of
5. Covering Period	0 1	01 2006	thro	ough 03	31 2	0 0 6
I certify that I have examine Type or Print Name of Tre		and to the best of my ames R. Bowlin	knowledge and beli	ef it is true, correct	and complete.	
Signature of Treasurer	Electronically	Filed by James R.	Bowlin		Date 0 4	14 2006
NOTE : Submission of fa	lse, erroneous,	or incomplete informa	ation may subject the	e person signing th	is Report to the per	nalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report Covering the Period: From:	01 2006	To: 0 3 3 1 2 0 0 6
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1		152495.27
(b) Cash on Hand at Begining of Reporting Period	152495.27	
(c) Total Receipts (from Line 19)	38417.50	38417.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	190912.77	190912.77
Total Disbursements (from Line 31)	55538.00	55538.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	135374.77	135374.77
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate of	committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

American Association of Orthodontists Political Action Committee

0 1 3^D1 м N 0 1 М М 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 19000.00 19000.00 (i) Itemized (use Schedule A) 19417.50 19417.50 (ii) Unitemized (iii) TOTAL (add 38417.50 38417.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 38417.50 38417.50 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 38417.50 38417.50 12, 13, 14, 15, 16, 17, and 18(c))

38417.50

38417.50

FEC Form 3X (Rev. 02/2003)

22. Transfers to Affiliated/Other Party

30. Federal Election Activity (2 U.S.C 431(20))

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

Page 4

55538.00

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............

0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 25250.00 25250.00 24. Independent Expenditure 0.00 0.00

0.00 0.00 0.00 0.00 26. Loan Repayments Made.....

0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other

0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees

0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c))

30288.00 30288.00 29. Other Disbursements.....

(a) Shared Federal Election Activity (from Schedule H6)

0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share

(b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds

(c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b))....

31. Total Disbursements (add Lines 21(c), 22, 55538.00 55538.00

32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

55538.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	38417.50	38417.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38417.50	38417.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 88	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED HEOEII 10		Detailed Summary Page	X 11a 11b 11c 12	
Δ.	y information copied from such Reports and State	omente meu	not be cold or used by any perce	13 14 15 16 17	
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	osolicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	American Association of Orthodontists P	olitical Ac	tion Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Thomas L. Ahman			Date of Receipt	
	Mailing Address 2777 Shagbark Dr			01 16 2006	
	City	State	Zip Code	Transaction ID: R13468	
	<u>Lima</u>	OH	45806	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Dr. David J. Angus			Date of Receipt	
	Mailing Address 22 Discovery Rd			02 08 2006	
	City	State	Zip Code	Transaction ID: R13577	
	Essex Junction	VT	05452	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary General Other (specify) ▼	1 1	250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Albert J. Apicella			Date of Receipt	
	Mailing Address 27 S Lewisberry Rd			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O	
	City	State	Zip Code	Transaction ID: R13470	
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodon		— Check	
		Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
Г					
Is				750.00	
H	UBTOTAL of Receipts This Page (optional))	730.30	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/88
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REOLII 13		Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	frict be sold of used by any persolarities to discommittee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Association of Orthodontists F	Political Ac	tion Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Paul O. Austin, Jr.			Date of Receipt
	Mailing Address 125 Chanteclaire Cr	0	7: 0 1	03 14 2006
	City	State	Zip Code	Transaction ID: R13615
	Gulf Breeze	FL	32561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Check
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Richard L. Bridgham			Date of Receipt
	Mailing Address 6 Lalli Dr			02 16 2006
	City	State	Zip Code	Transaction ID: R13587
	Katonah	NY	10536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation	1	Credit Card
	Self-Employed	Orthodontist Aggregate Year-to-Date ▼		
	Receipt For:			
	Primary General		250.00	
	Other (specify) ▼	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. David S. Briss			Date of Receipt
	Mailing Address 200 Nashua Rd			02 / 16 / 2006
	City	State	Zip Code	Transaction ID: R13585
	Groton	MA	01450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Self-Employed	Occupation Orthodon		Check
Receipt For:		Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
H				
T	OTAL This Period (last page this line number or	nly))	

_	NIEDIU E A (EEO E			FOR LINE NUMBER: PAGE 8 / 88
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Association of Orthodontists	Political Ac	tion Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Mark A. Burbey			Date of Receipt
	Mailing Address 1411 Cowling Bay Rd			01 17 2006
	City	State	Zip Code	Transaction ID: R13487
	Neenah	WI	54956	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. John D. Callahan, Jr.			Date of Receipt
	Mailing Address 4 Morton Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R13538
	Dewitt	NY	13214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation		Check
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	500.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Stephen W. Colby			Date of Receipt
	Mailing Address 7416 Coventry Way			0 1
	City	State	Zip Code	Transaction ID: R13486
	Edina	MN	55439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	Credit Card
	Self-Employed	Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 88	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	_
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				_
\rangle	American Association of Orthodontists	Political Ac	tion Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Ross L. Crist			Date of Receipt	
	Mailing Address 1204 N Pikes Peak Cir	Chaha	7'- Oada	02 08 2006	
	City	State SD	Zip Code	Transaction ID: R13580	
	Sioux Falls	SD	57103	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) Dr. Ralph DeDomenico			Date of Receipt	
	Mailing Address 18105 Crawley Rd			03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R13627	
	Odessa	<u>FL</u>	33556	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation	1	Check	
	Self-Employed	Orthodontist Aggregate Year-to-Date ▼			
	Receipt For:				
	Primary General Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)			Date of Decard	_
C.	Dr. Judith A. Demro Mailing Address 3609 N Shore Dr			Date of Receipt	
	Mailing Address 3609 N Shore Dr			02 16 2006	
	City	State	Zip Code	Transaction ID: R13590	
	Clear Lake	IA	50428	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Name of Employer Self-Employed	Occupation		Credit Card	
Receipt For:			Year-to-Date ▼		
Primary General			050.00	1	
	Other (specify)	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)			1000.00	
			<u>^</u>		
T	OTAL This Period (last page this line number o	nly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU	
	EMIZED RECEIPTS		or each category of the	(check only on	´ — —
•			Detailed Summary Page	X 11a	11b 11c 12 14 15 16 17
Δr	by information copied from such Reports and Stateme	ents mav	not be sold or used by any person		
or	ly information copied from such Reports and Stateme for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contribution	ons from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Association of Orthodontists Polit	tical Act	ion Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. John E. Dibert			Date of Re	ceipt
	Mailing Address 625 Westchester Park Road		7. 0. 1	0 1	24 2006
	•	State OH	Zip Code		n ID: R13537
		ОП	45504	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.				250.00
	Self-Employed	ccupation		Check	
			Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
 3.	Full Name (Last, First, Middle Initial) Dr. David E. Drake			Date of Re	ceipt
	Mailing Address 3944 Orchard Ln PO Box 394			0 3	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transactio	n ID: R13611
	Scotland F	PA	17254	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.				250.00
	Name of Employer Octoor Self-Employed	ccupation		Check	
		rthodon			
		ggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
).	Full Name (Last, First, Middle Initial) Dr. John H. Ferguson			Date of Re	ceipt
	Mailing Address 163 P A Johns Rd NE PO Box 850			M M /	24 2006
		State	Zip Code	Transactio	n ID: R13534
	<u>Milledgeville</u>	GA	31061	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.				250.00
	Self-Employed	ccupation rthodon		Check	
	Receipt For: Ag	ggregate	Year-to-Date ▼	1	
	Primary General Other (specify) ▼	1 1	250.00		
s	UBTOTAL of Receipts This Page (optional)		·····		750.00
			<u>`</u> _		
T	OTAL This Period (last page this line number only)		>		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 88
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stateme	■ ents may not be sold or used by any person	for the purpose of soliciting contributions
or for commercial purposes, other than using the name	and address of any political committee to s	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Association of Orthodontists Political	tical Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Harold L. Frank		Date of Receipt
Mailing Address 13208 Jasmine Hill Terrace		03 14 2006
City	State Zip Code	Transaction ID: R13614
Rockville	MD 20850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Oc Self-Employed	ccupation	Check
	rthodontist	
	ggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. William J. Glenos, Jr.		Date of Receipt
Mailing Address 107 Inlet Dr Anastasia Island		03 / 22 / 2006
•	State Zip Code	Transaction ID: R13631
Saint Augustine F	FL 32080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Self-Employed	ccupation	- Credit Card
	rthodontist	
Receipt For: Primary General	ggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Dr. Ara Curtis Goshgarian		Date of Receipt
Mailing Address 1322 W Deerpath		M M / D D / Y Y Y Y
		01 17 2006
•	State Zip Code	Transaction ID: R13479
Lake Forest I	L 60045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Self-Employed	ccupation	Credit Card
	rthodontist	_
	ggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	1500.00
TOTAL This Period (last nage this line number only)		

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 12/88	
	CHEDULE A (FEC Form 3X)	See separate seriodate(e)		(check only one)	
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
۸r	y information copied from such Reports and Sta	ntomonte may	y not be cold or used by any person		
or	for commercial purposes, other than using the r	name and add	froit be sold of used by any perso dress of any political committee to	osolicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Association of Orthodontists	Political Ac	tion Committee		
	7 and read 7 to obtain on the orange of the obtained	· Ontiour / to			
_	Full Name (Last, First, Middle Initial)				
Α.	Dr. David G. Haas			Date of Receipt	
	Mailing Address 1732 Granger Rd			M M / D D / Y Y Y Y Y	
	011	01-1-	7'- 0-1-	01 24 2006	
	City	State	Zip Code	Transaction ID: R13532	
	Medina	OH	44256	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		250.00	
	federal political committee.				
	Name of Employer Self-Employed	Occupation	1	Check Check	
	Self-Employed *	Orthodon	tist		
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General	1 1		1	
	Other (specify)		250.00		
	Full Name (Last, First, Middle Initial)				
В.	Dr. Richard Furman Hewitt			Date of Receipt	
	Mailing Address 515 Huntington Rd			03 31 2006	
	City	State	Zip Code		
	Greenville	SC	29615	Transaction ID: R13640	
		30	29815	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Toderal political committee.			Credit Card	
	Name of Employer Self-Employed	Occupation	1	Gredit Gard	
	- Imployed	Orthodon	tist		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		200.00		
_	Full Name (Last First Middle Initial)				
C.	Full Name (Last, First, Middle Initial) Dr. Brett Joseph Hill			Date of Receipt	
	Mailing Address 138 Royal Pointe Way			M M / D D / Y Y Y Y	
				03 22 2006	
	City	State	Zip Code	Transaction ID: R13628	
	Mooresville	NC	28117	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
	Name of Employer	Occupation	<u> </u>	─ Check	
	Self-Employed	Orthodon			
	Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	. 1991 09410	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
	Other (specify)		250.00		
				1	
s	UBTOTAL of Receipts This Page (optional)			750.00	
\vdash				-	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 88
	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δ.	by information conicd from such Departs and Ct	ntomonto mo	reat he cold or wood by any norce	
or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Association of Orthodontists	Political Ac	tion Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. James F. Hoag			Date of Receipt
	Mailing Address 5308 E 22nd St		7: 0.1	01 16 2006
	City	State	Zip Code	Transaction ID: R13466
	Casper	WY	82609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Check
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) 🔻	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. John Kevin Holman			Date of Receipt
	Mailing Address 2740 St Andrews Dr			01 16 7 9 9 9
	City	State	Zip Code	Transaction ID: R13469
	Belden	MS	38826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation	1	Check
	Self-Employed	Orthodon	ntist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	200.00	
C.	Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Jordan			Date of Receipt
	Mailing Address 1040 Lake Shore Overlo			01 24 2006
	City	State	Zip Code	Transaction ID: R13539
	Alpharetta	GA	30005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Self-Employed	Occupation Orthodon		Check
		Aggregate	e Year-to-Date ▼	7
	Primary General	1 1	500.00	1
	Other (specify) 🔻	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
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T	OTAL This Period (last page this line number o	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 14/88
	EMIZED RECEIPTS		or each category of the	(check only one)	
	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciti solicit contributions from s	ng contributions uch committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71		
\rangle	American Association of Orthodontists P	olitical Ac	tion Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. James Richard Karpac			Date of Receipt	
	Mailing Address 5816 Leven Links			01 / 24	2006
	City	State	Zip Code	Transaction ID: R1:	
	Dublin	OH	43017	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:		Year-to-Date ▼	1	
	Primary General Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Dr. Elizabeth Mary Kellogg			Date of Receipt	
	Mailing Address 1312 S W 28th St			0 2 0 8	2006
	City	State	Zip Code	Transaction ID: R1:	3582
	Rochester	MN	55902	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Self-Employed	Occupation Orthodon		- Check	
	Receipt For:		Year-to-Date V	_	
	Primary General	Aggregate	Total to Date 🔻		
	Other (specify) ▼		250.00		
).	Full Name (Last, First, Middle Initial) Dr. Seth C. Kleinrock			Date of Receipt	
	Mailing Address 5 Milbar Heath			01 24	2006
	City	State	Zip Code	Transaction ID: R1	3536
	<u>Hewlett</u>	NY	11557	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
T	OTAL This Period (last page this line number only	y)	>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 15 / 88 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Association of Orthodontists	Political Ac	tion Committee	
Full Name (Last, First, Middle Initial) Dr. Dennis K. Langwith			Date of Receipt
Mailing Address 4555 41st St			01 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R13480
Des Moines	IA	50310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		Credit Card
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Edward Y. Lin			Date of Receipt
Mailing Address 555 Main Ave #205			0 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R13474
De Pere	WI	54115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self-Employed	Occupation Orthodon		Check
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. James H. Lovell			Date of Receipt
Mailing Address 290 Westmont			02 16 2006
City	State	Zip Code	Transaction ID: R13589
West Hartford	CT	06117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		Credit Card
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number or	nlv)	<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 88 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Orthodontists I	Political Ac	tion Committee	
А.	Full Name (Last, First, Middle Initial) Dr. James C. Lyles Mailing Address 133 April Point Dr S City Montgomery FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) City Middle Initial) Dr. Lee A. Mahlmann Mailing Address 1611 Fair Oaks Ln City Richmond FEC ID number of contributing federal political committee.	State TX	zip Code 77469	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-Employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation Orthodor Aggregate		
Э.	Full Name (Last, First, Middle Initial) Dr. Fred I. Marconi, Jr. Mailing Address 925 Arthur Godfrey Rd # City Miami Beach FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State FL C Occupation Orthodor		Date of Receipt M M M
s	UBTOTAL of Receipts This Page (optional)	750.00		
T	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/88	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17 18 19 19 19 19 19 19 19	17
Δη	v information copied from such Reports and St	atomonte may	y not be sold or used by any perso		17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	American Association of Orthodontists	Political Ac	tion Committee		
A.	Full Name (Last, First, Middle Initial) Dr. DeWayne B. McCamish			Date of Receipt	
	Mailing Address 11 Ballard Bluff		7: 0 1	01 17 2006	
	City	State	Zip Code	Transaction ID: R13482	
	Signal Mountain	TN	37377	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0	230.00		
В.				Date of Receipt	
	Mailing Address 13 Upton St #6			02 / 24 / 2006	
	City	State	Zip Code	Transaction ID: R13606	
	Boston	MA	02118	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Self-Employed	Occupation	1	Check	
	Seir-Employed	Orthodon	ntist		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert B. Meyer			Date of Receipt	
	Mailing Address 110 Widecombe Ct			02 16 2006	
	City	State	Zip Code	Transaction ID: R13588	
	Cary	NC	27513	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
				1000.00	7
S	UBTOTAL of Receipts This Page (optional)		······	1000.00	=
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 / 88						
•		Use separate schedule(s) or each category of the		(check only one)						
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
			zotanos commany rago	13 14 15 16 17						
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions						
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	American Association of Orthodontists F	Political Ac	tion Committee							
Α.	Full Name (Last, First, Middle Initial) Dr. J. Gregory Morris			Date of Receipt						
	Mailing Address 4804 Hunters Crossing			01 17 2006						
	City	State	Zip Code	Transaction ID: R13477						
	Valdosta	GA	31602	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card						
	Receipt For:		Year-to-Date V	\dashv						
	Primary General	Aggregate	Teal-to-Date V	1						
	Other (specify)		500.00							
		0 0	0 0 0 0 0 0 0							
В.	Full Name (Last, First, Middle Initial) Dr. Robert T. Morrison			Date of Receipt						
	Mailing Address 64 Willowbrook			M M / D D / Y Y Y Y						
				01 16 2006						
	City	State	Zip Code	Transaction ID: R13467						
	Hutchinson	KS	67502	Amount of Each Receipt this Period						
	FEC ID number of contributing			250.00						
	federal political committee.	C		250.00						
	Name of Employer	Occupation		- Check						
	Name of Employer Self-Employed	Orthodon								
	Receipt For:		Year-to-Date ▼							
	Primary General	riggrogato	Tour to Bate V	1						
	Other (specify) ▼		250.00							
				'						
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. John M. Nista			Date of Receipt						
	Mailing Address 6 Aston Cir			02 08 2006						
	City	State	Zip Code	Transaction ID: R13578						
	Hockessin	DE	19707	Amount of Each Receipt this Period						
	FEC ID number of contributing			250.00						
	federal political committee.	C		Check						
	Name of Employer Self-Employed	Occupation		Gridon						
		Orthodon		_						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	' '	250.00							
	Other (specify)	0 0		1						
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
	EMIZED RECEIPTS		or each category of the	(check only one	· — —
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Δn	ny information conied from such Reports and State	mente may	y not he sold or used by any nerso		
or	ly information copied from such Reports and State for commercial purposes, other than using the nar	ne and add	lress of any political committee to	solicit contribution	ns from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Association of Orthodontists Po	olitical Ac	tion Committee		
۸.	Full Name (Last, First, Middle Initial) Dr. Janet D. Pappas			Date of Rec	eipt
	Mailing Address 12530 SW 14th Ave		7: 0 !	03	22 2006
	City Gainesville	State FL	Zip Code		ID: R13634
		FL .	32607	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Self-Employed	Occupation Orthodon		Credit Card	
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General Other (specify) ▼		250.00		
				'	
3.	Full Name (Last, First, Middle Initial) Dr. William R. Parks			Date of Rec	eipt
	Mailing Address 25 Museum Dr			0 2	16 / 2006
	City	State	Zip Code	Transaction	ID: R13591
	Newport News	<u>VA</u>	23601	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation	1	Credit Card	
		Orthodon			
		Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial) Dr. Robert N. Pickron			Date of Rec	eint
	Mailing Address 5265 Chelsen Woods Dr			M M /	D D / Y Y Y Y
				0.1	16 2006
	City	State	Zip Code	Transaction	ID: R13475
	Duluth	GA	30097	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Self-Employed	Occupation Orthodon		Check	
	-		Year-to-Date ▼	1	
	Primary General Other (specify)		1000.00		
s	UBTOTAL of Receipts This Page (optional)		·····		1500.00
т	OTAL This Period (last page this line number only	<i>(</i>)	>		
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 20 / 88						
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the		(check only one)						
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
			, ,	13 14 15 16 17						
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	n for the purpose of soliciting contributions						
Or		ame and add	aress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)	D = 1141 = = 1 A =	0:							
\angle	American Association of Orthodontists	Political Ac	tion Committee							
Α.	Full Name (Last, First, Middle Initial) Dr. A. Wright Pond, Sr.			Date of Receipt						
	Mailing Address 1025 Avon Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: R13471						
	Colonial Heights	VA	23834	Amount of Each Receipt this Period						
	•	¥/(2000-1	Amount of Each receipt this renou						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer	Occupation	 1	Check						
	Name of Employer Self-Employed	Orthodon								
	Receipt For:		Year-to-Date ▼							
	Primary General		050,00							
	Other (specify)		250.00							
_				-						
В.	Full Name (Last, First, Middle Initial) Dr. Ronald Ritucci			Date of Receipt						
	Mailing Address 49 Pond Valley Rd			02 08 2006						
	City	State	Zip Code	Transaction ID: R13576						
	Woodbury	CT	06798	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		250.00						
	Name of Francisco	10		Check						
	Name of Employer Self-Employed	Occupation Orthodon								
	Receipt For:		Year-to-Date V	-						
	Primary General	Aggregate	Total to Date V							
	Other (specify)		250.00							
C.	Full Name (Last, First, Middle Initial) Dr. Barry M. Rosenberg			Date of Receipt						
	Mailing Address 10 Norwood Rd			0 1 1 6 2 0 0 6						
	City	State	Zip Code	Transaction ID: R13465						
	West Hartford	CT	06117	Amount of Each Receipt this Period						
	FEC ID number of contributing			250.00						
	federal political committee.	C		Check						
	Name of Employer Self-Employed	Occupation		Offeck						
		Orthodon								
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General		250.00							
	Other (specify)									
	UBTOTAL of Receipts This Page (optional)			750.00						
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE N		PAGE 21/88			
	EMIZED RECEIPTS		or each category of the	(check only o	¬´ —	ı 🗖			
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An	ny information copied from such Reports and Stateme	ents may	not be sold or used by any perso						
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contribut	ions from s	such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
\rangle	American Association of Orthodontists Polit	tical Act	tion Committee						
۹.	Full Name (Last, First, Middle Initial) Dr. John E. Roussalis, II			Date of R	eceipt				
	Mailing Address 1220 W 30th St			0 3	2 4	2006			
		State	Zip Code		on ID: R1				
	Casper	WY	82601	Amount o	f Each Red	ceipt this Period			
	FEC ID number of contributing federal political committee.					250.00			
	Self-Employed	ccupation		Cash					
	-		Year-to-Date ▼						
	Primary General	1 1							
	Other (specify) ▼	0 0	250.00						
3.	Full Name (Last, First, Middle Initial) Dr. George J. Sabol, III			Date of R	eceipt				
	Mailing Address 1432 Water Mill Cr		0 1 2 4 2 0 0 6						
	City S	State	Zip Code	Transacti	on ID: R1	3535			
	Virginia Beach	VA	23454	Amount o	f Each Red	ceipt this Period			
	FEC ID number of contributing federal political committee.					250.00			
	Name of Employer Oct Self-Employed	ccupation		Check					
		rthodon							
	Receipt For: Primary General	ggregate	Year-to-Date ▼						
	Other (specify) ▼		250.00						
 C.	Full Name (Last, First, Middle Initial) Dr. Charles A. Sadler, Jr.			Date of R	eceipt				
	Mailing Address 215 Breakwater Dr			M M 0 3	1 4	2006			
	City	State	Zip Code	Transacti	on ID: R1	3612			
	<u>Fishers</u> I	N	46038	Amount o	f Each Red	ceipt this Period			
	FEC ID number of contributing federal political committee.					250.00			
	Solf Employed 1	ccupation rthodon		Check					
			Year-to-Date ▼						
	Primary General	1 1	250.00						
	Other (specify) ▼		250.00						
s	UBTOTAL of Receipts This Page (optional)					750.00			
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T	OTAL This Period (last page this line number only).		>						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 88
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a
An	y information copied from such Reports and Statemer	nts may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name a	and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Association of Orthodontists Politic	ical Act	ion Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. David M. Solomon			Date of Receipt
	Mailing Address 92 Louis Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City St	tate	Zip Code	Transaction ID: R13473
	Montville N		07045	Amount of Each Receipt this Period
	FFC ID number of contributing			
	federal political committee.			250.00
	Name of Employer Self-Employed Oct	cupation		Check
	Oit	thodon		
		gregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	Other (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) Dr. Frederic C. Sterritt			Date of Receipt
	Mailing Address 464 S Horizon Way			M M / D D / Y Y Y Y
	City St	tate	Zip Code	01 24 2006
	Neshanic Station N		08853	Transaction ID: R13540 Amount of Each Receipt this Period
		10	00000	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	:		1000.00
				Check
	Self-Employed 1	cupation thodon		
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼	-
	Primary General	grogato		
	Other (specify) ▼		1000.00	
) .	Full Name (Last, First, Middle Initial) Dr. Lucas E. Stevens			Date of Receipt
-	Mailing Address 7582 Refuge Rd			M M / D D / Y Y Y Y
				03 22 2006
	•	tate	Zip Code	Transaction ID: R13632
	<u>Tallahassee</u> Fl	L	32312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer	cupation		Credit Card
	Self-Employed 1	thodon		
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼	-
	Primary General	1 1		
	Other (specify) ▼		250.00	
	I			
S	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number only)		•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 88	
	EMIZED RECEIPTS		or each category of the	(check only one)	
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۸۰	winformation conicd from such Departs and St	ntomonto mo	, not be cold or used by any perce		_
or	y information copied from such Reports and States for commercial purposes, other than using the r	name and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				_
\rangle	American Association of Orthodontists	Political Ac	tion Committee		
Α.	Full Name (Last, First, Middle Initial) Dr. William W. Thomas, Jr.			Date of Receipt	
	Mailing Address 7103 Barrington Cir	01-1-	7'- 0-4-	03 / 22 / 2006	
	City	State FL	Zip Code	Transaction ID: R13629	
	Naples	ΓL	34108	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-	1000.00		
	Other (specify)	0 0	1000.00		
В.	Full Name (Last, First, Middle Initial) Dr. Ryan K. Van Laecken			Date of Receipt	
	Mailing Address 710 Jonathon Dr			01 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R13483	
	Watertown	SD	57201	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Self-Employed	Occupation	1	Credit Card	
	Self-Employed	Orthodon	tist		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert E. Varner			Date of Receipt	_
Ο.	Mailing Address 161 Birdie Lane			M M / D D / Y Y Y Y	
				02 08 2006	
	City	State	Zip Code	Transaction ID: R13579	
	Roseburg	OR	97470	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:	Aggregate	Year-to-Date ▼	7	
Primary General			050.00	1	
	Other (specify)	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)			1500.00	
	. 3 (1 5 5)		<u>^</u>		
T	OTAL This Period (last page this line number o	nly)	>		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 88
ITEMIZED RECEIPTS	or each category of the	(check only one)
TIEMIZED REGENTO	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Statemer	ents may not be sold or used by any person	
or for commercial purposes, other than using the name	and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Association of Orthodontists Poli	ical Action Committee	
Full Name (Last, First, Middle Initial)		Data of Bassist
A. Dr. Nancy L. Villa Mailing Address 45 Laird Rd		Date of Receipt
Mailing Address 45 Lattu Nu		01 17 2006
City	State Zip Code	Transaction ID: R13485
Colts Neck	NJ 07722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Oc	cupation	Credit Card
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	ggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Carlot (openity) 🔻	0 0 0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) B. Dr. Walter A. Weaver, Jr.		Date of Receipt
Mailing Address 25 Dale St		01 17 2006
•	State Zip Code	Transaction ID: R13481
Swampscott	MA 01907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
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	rthodontist	4
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Other (specify) ▼	250.00	
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Full Name (Last, First, Middle Initial)		Data of Bassist
C. Dr. James L. Wetzel, Jr. Mailing Address 3305 Bella Vista Dr		Date of Receipt
Walling Address SSOS Bella Vista Di		02 08 2006
City	State Zip Code	Transaction ID: R13575
<u>Casper</u>	VY 82601	Amount of Each Receipt this Period
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rederal political committee.		Charle
Self-Employed	ecupation	Check
	rthodontist	4
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Other (specify)	250.00	
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SUBTOTAL of Receipts This Page (optional)	>	750.00
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FOR LINE NUMBER: PAGE 25/88 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Orthodontists Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Tommy Neil Whited Date of Receipt Mailing Address 11281 Country Forest Cove 16 2006 Zip Code City State Transaction ID: R13472 Collierville TN 38017 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Check Name of Employer Self-Employed Occupation Orthodontist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

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American Association of Orthodontists Pol	tical Action Committee									
Full Name (Last, First, Middle Initial) 4. Committee to Re-Elect Congressman Dunc	can Hunter				action ID f Disburs	_				
Mailing Address 9340 Fuerte Drive Suite #	302			0 3	/ D	21 /	Ý Ž	0 0 6	Y	
,	State Zip Code CA 91941			Amour	nt of Each	Disburs	ement	this P	eriod	_
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State: CA District: 52 Full Name (Last, First, Middle Initial)										_
3. Dewine for US Senate				Date of	ction ID f Disburs		v v	V	V	
Mailing Address PO Box 340188			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
,	State Zip Code OH 43234			Amour	nt of Each	Disburs				
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A. Friends of Roy Blunt					of Disb			, , , ,	V	
Mailing Address PO Box 278				0 ^M 3	M /	1 0		Ž (o ŏ 6	1
	State Zip Code			Amou	ınt of E	ach D	isburse	ment	this Pe	eriod
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Mailing Address PO Box 278				0.3		10	<u> </u>	2 (J 0 6	
City Strafford	State Zip Code MO 65757			Amou	ınt of E	ach D	isburse	ment	this Pe	eriod
Purpose of Disbursement Contr.	1.1.C	Ü	-					50	0.00	0
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Full Name (Last, First, Middle Initial)				Trans	saction	1 D : D	746			
S. Keller for Congress				Date	of Disb		_			
Mailing Address PO Box 1453				0 ^M 3	M /	^D 2 3	/ Y	ž	o ŏ 6	Y
City Orlando	State Zip Code FL 32802			Amou	ınt of E	ach D	isburse	ment	this Pe	eriod
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\	NAME OF COMMITTEE (In Full)				
	American Association of Orthodontists	Political Action	n Committee		
	Full Name (Last, First, Middle Initial)				Transaction ID: D747
۹.	Mark Kennedy '06				Date of Disbursement
	Mailing Address P.O. Box 49333				03
	City Blaine	State MN	Zip Code 55449		Amount of Each Disbursement this Period
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	Candidate Name Mark Kennedy			Category/ Type	
	Office Sought: House Disk X Senate President	oursement For: X Primary Other (spec	2006 General		
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NAME OF COMMITTEE (In Full)	cana address of any pointear	0011111	milioc to c	onon v	30111110	ations in	0111 00011	0011111			
American Association of Orthodontists Po	itical Action Committee										
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Full Name (Last, First, Middle Initial)				Т	ransa	ction ID:	: D905				
Martinez-Leon, PA						Disburs		.,,			
Mailing Address 848 Brickell Key Drive Ste. 604					0 3 м	/ D3	3 1 /	ž	0 Ó 6	Y	
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Robert Agnetta DDS, MS, PA						ction ID: Disburs					
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Mailing Address 5220 North Eagle Road				L	0 3	3	31	2	0 Ó 6		
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Full Name (Last, First, Middle Initial) Nooshi Akavan DDS, MS, Inc						ction ID: Disburs					
Mailing Address 18740 Ventura Blvd. Ste. 103					0 3	/ D3	3 1 /	ž	0 Ď 6	Y	
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	y Information copied from such Reports and State for commercial purposes, other than using the na									
\rangle	NAME OF COMMITTEE (In Full) American Association of Orthodontists P									
۹.	Full Name (Last, First, Middle Initial) Dr. Richard H. Albright						ction ID: Disburs			
	Mailing Address 151 Eshelman Rd					03	/ D3	31	žoŏ	6 ^Y
	City Lancaster	State PA	Zip Code 17601			Amoun	t of Each	Disburse	ement this	
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3.	State: District: Full Name (Last, First, Middle Initial) Timothy J. Alford DDS, PC						ction ID:	_		
	Mailing Address 3819 Fairview					03	/ D3	3 1 /	ž o ŏ	6 Y
	City Anderson	State IN	Zip Code 46013			Amoun	t of Each	Disburse	ement this	
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) .	Full Name (Last, First, Middle Initial) Wes Allai DDS, MS, Inc						ction ID:			
	Mailing Address 1200 Woodhurst Dr.					0,3	/ 03	31 /	y žoŏ	6 ^Y
	City Springfield	State MO	Zip Code 65804			Amoun	t of Each	Disburse	ement this	
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NAME OF COMMITTEE (In Full) American Association of Orthodontists Poli	tical Action Committee					
Full Name (Last, First, Middle Initial)				on ID: D766		
Peter J. Antonellis DMD PA				sbursement / D / D	Y Y Y	Υ
Mailing Address 170 Changebridge Road Suite C-5-2			03 /	31 /	Ž 0 Ŏ 6	
	State Zip Code NJ 07045		Amount of	Each Disburse	ement this P	eriod
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Full Name (Last, First, Middle Initial)			Transactio	on ID: D795		
Robert A. Arnold DDS, PC				bursement		V
Mailing Address 600 4th Street, NE			03	31	Ž0Ŏ6	Y
Watertown	State Zip Code SD 57201		Amount of	Each Disburse		
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Full Name (Last, First, Middle Initial)			Transactio	on ID: D817		
Orthodontic Associates, LTD			Date of Dis			V
Mailing Address Suite 1			03 /	31 /	Ž0Ŏ6	Y
,	State Zip Code IL 60422		Amount of	Each Disburse	ement this P	eriod
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NAME OF COMMITTEE (In Full) American Association of Orthodontists Po	·							
Full Name (Last, First, Middle Initial) Fort Lee Orthodontic Association					tion ID: D7	-		
Mailing Address 2185 Lemoine Ave				0 3	[/] 3 1	/ Y	žoŏ	6 Y
City Fort Lee	State Zip Code NJ 07024			Amount	of Each Dis	sburse		
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Office Sought: House Disburs Senate President State: District:	sement For: Primary Gene Other (specify) ▼	eral						
Full Name (Last, First, Middle Initial) Roy D. Atkin DDS, Inc.				Date of [tion ID: D& Disburseme	-		
Mailing Address 122 Escondido Ave. Suite 104				0 3	31	/ Y	žoŏ	6 ^Y
City Vista	State Zip Code CA 92084			Amount	of Each Dis	sburse		
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Office Sought: House Senate President State: District:	sement For: Primary Gene Other (specify)	eral						
Full Name (Last, First, Middle Initial) Peter F. Bayer DDS, PA					tion ID: D8 Disburseme			
Mailing Address 220 Hollywood Bouleva	rd, SE			0 ^M 3 M	[′] 3 1	/ Y	žoŏ	6 ^Y
City Fort Walton Beach	State Zip Code FL 32548			Amount	of Each Dis	sburse		
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NAME OF COMMITTEE (In Full) American Association of Orthodontists Political Action Committee Full Name (Last, First, Middle Initial) Amark F. Bellard DDS, Inc Malling Address					for each of Detailed S	category of the Summary Page		21b 27	22 28a		28b	28c	X 29	26 30l
NAME OF COMMITTEE (In Full) Armerican Association of Orthodontists Political Action Committee Full Name (Last, First, Middle Initial) Mark F, Bellard DDS, Inc Mark F, Bellard DDS, Inc Malling Address 3560 Delaware Street Suite 901 City Beaumont Tx 77706 Purpose of Disbursement Candidate Name City State: District: Full Name (Last, First, Middle Initial) Frank R, Besson DMD Partnership Malling Address 1962 Westfield Ave. City State: District: Full Name (Last, First, Middle Initial) Frank R, Besson DMD Partnership Malling Address 1962 Westfield Ave. City City Code Scotch Plains NJ 07076 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary Office Sought: Other (specify) ▼ Full Name (Last, First, Middle Initial) J, Alan Bloore DDS, MS, PC Malling Address 300 S, Beverly Drive Suite 101 City Bevery Hills CA 90212 Purpose of Disbursement Candidate Name Office Sought: House Suite 101 Cardedote Name Office Sought: Siate Zip Code CA 90212 Purpose of Disbursement Candidate Name Office Sought: Sought: State Zip Code CA 90212 Purpose of Disbursement Candidate Name Office Sought: Sough														
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Suite 901 City Search Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Frank R. Besson DMD Partnership Mailing Address 1962 Westfield Ave. City State Zip Code Ny 07076 Purpose of Disbursement Category/ Type Office Sought: House Sonate President Other (specify) ▼ State Zip Code Ny 07076 Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: D767 Date of Disbursement This Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID: D767 Date of Disbursement this Period Office Sought: House Oisbursement For: Senate President Other (specify) ▼ Transaction ID: D753 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: D753 Date of Disbursement this Period Transaction ID: D753 Date of Disbursement this Period Office Sought: House Suite 101 City State Zip Code Suite 101 City State Zip Code Category/ Type Office Sought: House Suite 101 Category/ Type Office Sought: House Oisbursement For: Senate Primary General State Zip Code Category/ Type Office Sought: House Oisbursement For: Senate Primary General State Zip Code Category/ Type Office Sought: House Oisbursement For: Senate Primary General State Zip Code Transaction ID: D753 Date of Disbursement State St									_		-			
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Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Frank R. Besson DMD Partnership Mailing Address 1962 Westfield Ave. City Scotch Plains NJ 07076 Purpose of Disbursement Candidate Name Office Sought: House President Disbursement For: General Primary General Disbursement State: District: Full Name (Last, First, Middle Initial) Transaction ID: D767 Date of Disbursement Office Sought: House Primary General Disbursement To: Senate Primary General Disbursement Category/ Type Office Sought: House Senate Primary General Disbursement Category/ Type Office Sought: House Suite 101 City Sought: State: District: Full Name (Last, First, Middle Initial) J. Alan Bloore DDS, MS, PC Mailing Address 300 S. Beverly Drive Suite 101 City Senate Primary General Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Office Sought: House Senate Primary General Other (specify) ▼ State: Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursement this Period State: District: Subtrotal of Disbursements This Page (optional) ■ 350.00		•	Suite 901						Amo	unt of	Each	Disburse	ement this	s Period
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Scotch Plains Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Alan Bloore DDS, MS, PC Mailing Address 300 S. Beverly Drive Suite 101 City State Zip Code Beverly Hills CA 90212 Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ State Zip Code CA 90212 Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional) ■ 350.00	Ma	iling Address	1962 Westfield	Ave.					0 ^M 3	M	^D 3	D / \	žoŏ	6 Y
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Suite 101 City State Zip Code CA 90212 Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General President President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional) State Zip Code CA 90212 Amount of Each Disbursement this Period State Stat	Ful	l Name (Last,	First, Middle Initial)	1										
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Mailing Address 908 E. Street			03 M	31	y žoŏ	6
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President	Other (specify)					
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Full Name (Last, First, Middle Initial) Frank A. Bogdan DMD PA				ion ID: D768	3	
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Mailing Address 552 Broadway			0 3	3 1	žoŏ	6
City Bayonne	State Zip Code NJ 07002		Amount o	of Each Disbu	rsement this	Period
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Dennis L. Bond DDS, LTD			M M	Disbursement / D D /	YYYY	Υ
Mailing Address 1443 Schaumberg Rd.			0.3	3 1	žoŏ	6
City Schaumberg	State Zip Code IL 60194		Amount o	of Each Disbu	rsement this	Period
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Thomas J. Borgula DDS, MS, PC				_	ate of I	Disburs		v · v	V *	V	
Mailing Address 5805-24 Mile Road					3 "	່	3 1 /	2	0 Ď 6		
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Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	D756				
Mark P. Brieden DDS, MS, PC				Da	ate of I	Disburs	ement				
Mailing Address 158 Marcell NE					3 M	[/] 3	3 1 /	Ý Ž	0 0 6	Y	
City Rockford	State Zip Code MI 49341			Aı	nount	of Each	Disburs	emen	t this P	erioc	
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Full Name (Last, First, Middle Initial) David S. Bright DDS, Inc				D	ate of I	tion ID: Disburs		W * W	* \	V	
Mailing Address 21703 Kingsland Blvd					3 M	/ B	31 /	<u>'</u> 2	0 Ď 6		
City Katy	State Zip Code TX 77450			Aı	nount	of Each	Disburs	emen	t this P	erioc	_
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Mailing Address 5010 Paulsen St.				0 3		3	D /	2	0 Ď 6		
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Dexter B. Brown DDS, MS, PS				Date	of D	isburse					
Mailing Address 306 N. Delaware St.				0 ^M 3	М	[′] 3	^D /	Ý Ž	0 ŏ 6	Y	
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Mailing Address 4310 George Washing	ton Memorial Hw			0 ^M 3	М	[′] 3	1 /	Ý Ž	0 Ď 6	Y	
City	State Zip Code			Amo	unt o	f Each	Disburs	emen	t this F	erio	ŀ
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Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	: D883			
David R. Carden DMD PA						Disburs		V * V		V
Mailing Address 3540 South Third Street					3 M	/ B	3 1 /	Ż	0 Ď 6	
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3. Jerry F. Cash Orthodontist PC				Da	ate of	Disburs	ement	v ° v	V	V
Mailing Address 1722 S. Glenstone Glenstone Square, Suite	DD				3 M	່	3 1 /	2	0 Ď 6	
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Full Name (Last, First, Middle Initial) Steve L. Caudill DDS, PC						tion ID: Disburs				
Mailing Address 270 North Sykes Creek F	Pkwy				3	[/] 3	3 1 /	Ý ž	0 Ď 6	Y
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Joseph M. Cavalier DMD, MDS, PC					Disburs		Y Y	Υ	Υ
Mailing Address 3135 New Germany Roa	d			0 3 M	3	3 1 /	2 (0 ŏ 6	
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Full Name (Last, First, Middle Initial) Lewis P. Chapman DMD PC				Transac	ction ID: Disburs				
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Mailing Address 1550 E. Trinity Blvd.				0.5				000	
City Montgomery	State Zip Code AL 36106			Amount	of Each	Disburs	ement	this P	eriod
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David T. Cheung DDS, PC					Disburs				
Mailing Address 249 F. Street				0,3	/ B	3 1 /	ž	0 ŏ 6	Y
City Chula Vista	State Zip Code CA 91910			Amount	of Each	Disburs	ement	this P	eriod
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Benjamin F.D. Chikes					Date o	f Dis			v v	V	V	
Mailing Address 150 West Fulton Street					0 3		3	1 /	2	0 Ď 6		
City Ephrata	State Zip Code PA 17522				Amour	nt of	Each	Disburs	emen	t this F	erio	t
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Kyle R. Childers DMD, MS, PC					Date o	f Dis	burse	ement				
Mailing Address 201 West Washington S	t.				0 3	/	^D 3	^D /	ž	0 Ď 6	Y	
City Benton	State Zip Code IL 62812				Amour	nt of	Each	Disburs	emen	t this F	erio	t
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Dean Christensen, DMD, PC					Transa Date o	f Dis		D875 ement	V * V	V	V	
Mailing Address 195 East Gentile Street					0 3		3	1 ′	2	0 Ď 6		
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Tina S. Chung DMD MS, LLC				Date M	of D	isburse		y y	Y	Υ
Mailing Address 1005 Clifton Avenue				0 3		3	1 /	2	0 Ď 6	
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3. William J. Cline DMD PC						isburse				
Mailing Address 20 A. Felton Place				0 ^M 3	М	[′] 3	^D /	Ý Ž	0 ŏ 6	Υ
City Cartersville	State Zip Code			Amo	unt o	f Each	Disburse	emen	t this P	eriod
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Dr. Zenaida Cofie				Date	of D	isburse	ement			
Mailing Address 7926 Evesboro Dr				0 ^M 3	М	[′] 3	1 /	Ý Ž	0 Ď 6	Y
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	Mailing Address 1033 Gayley Ave				L	0.3	3	1 /	2	0 Ó 6		
	City Los Angeles	State Zip Code CA 90024			А	mount	of Each	Disburs	emen	t this F	erio	ł
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3.	Kevin T. Coyle DMD PA						tion ID: Disburse					
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	Mailing Address 295 Princeton-Highstown	Road			L	J Š	3			000		
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).	James M. Crouse DDS, PA						Disburse					
	Mailing Address 22786 Nanticoke Road				- [м м 0 3	/ D	D /	Y Y	0 ŏ 6	Υ	
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American Association of Orthodontists F	Political Action Committee											
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Mailing Address 2060 Union St. Ste. 2					0 3		ື3 1ົ		2	0 Ď 6		
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Todd A. Curtis DDS, MS, LTD					Date of	Disbu	ırsem	nent	ΥΥ	Y	Υ	
Mailing Address 124 California St					0 3		ື3 1] [2	0 Ď 6		
City Sycamore	State Zip Code IL 60178			<i>A</i>	Amoun	t of Ea	ch D	isburse	ement		-	i
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Kay D. Daniel					Date of	Disbu			y	V	Υ	
Mailing Address 2960 East Gause Blvd					0 3] L	3 1] [2	0 Ď 6		
City Slidell	State Zip Code LA 70461				Amoun	t of Ea	ch D	isburse	ement		-	1
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NAME OF COMMITTEE (In Full)											
American Association of Orthodontists Po	litical Action Committee										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	D846				
Charles R. De Lorimier DDS, Inc.				_ N	1 M	Disburse		ΥΥ	Υ	Υ	
Mailing Address 3434 Villa Lane Suite 110				0	3	3	1 /	_ 2	0 Ď 6		
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3. R. Del Priore DDS, PA						tion ID: Disburse					
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Mailing Address 121 County Road				0	3	3	1	2	0 Ď 6	_	
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Suzanne Dennis DDS, MS, PC				Da	te of [Disburse		v v	ν.	Υ	
Mailing Address 895 Rio East Court Ste. A				0	3	3	1	2	0 ŏ 6		
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American Associa	ation of Orthodor	ntists Poli	tical Actio	on Committee											
Full Name (Last, Firs								Trans	actio	on ID:	D930				
Scott Edmonds D	DS, MS, LLC							Date o	of Dis			v v	V	V	
Mailing Address	2949 SW Wana	maker Dr	ive					0 3		3	1 /	2	0 Ó 6		
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James Fanning D	. ,							Date o			D876 ement	V * V	. V.	V	
Mailing Address	3900 Eubank, N Suite 7	E						0 3	,	້3	1 ′	2	0 0 6		
City Albuquerque			State VM	Zip Code 87111				Amou	nt of	Each	Disburs	emen	t this P	erio	ı L
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NAME OF COMMITTEE (In Full)											
American Association of Orthodontists	Political Action Committee										
Full Name (Last, First, Middle Initial)				Т	ransa	ction IE	D : D885				
Lazy C. Farms					Date of	Disburs		Y Y	Y	Υ	
Mailing Address 3822 Rosemont Dr.					0 3	J. L	3 1 [/]	2	0 Ď 6		
City Columbus	State Zip Code GA 31904			A	Amount	t of Eac	h Disbur	semen	t this F	erioc	I
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Senate President	Primary General										
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Austin W. Feeney DDS, LLC					Date of	Disburs	sement	Y ' Y	, · · · · · ·	Υ	
Mailing Address PO Box 638 45 Pine Street					0,3 ,	J L	3 1 /	2	0 Ó 6		
City New Canaan	State Zip Code CT 06840			<i>A</i>	Amount	t of Eac	h Disbur	semen	t this F	erioc	-
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Full Name (Last, First, Middle Initial) Randy M. Feldman DDS, MS, PA					Date of	Disburs	D: D890 sement				
Mailing Address 1773 W. Fletcher Ave					03	/ D	31 /	ž	0 Ď 6	Y	
City Tampa	State Zip Code FL 33612			1	Amount	t of Eac	h Disbur	semen	t this F	erioc	Ī
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American Association of Orthodontists Pol	itical Action Committee								
Full Name (Last, First, Middle Initial)					action ID	_			
Dr. Curtis Friedenberg					of Disburs		Y Y	Y Y	1
Mailing Address 331 Sunset Drive				0 ^M 3		3 1	20	06	
,	State Zip Code MD 21502			Amou	nt of Eac	n Disburs	ement t	his Pe	riod
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President	Other (specify)								
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Full Name (Last, First, Middle Initial)					action ID				
Samuel B. Galkin DDS, MS, PA				М	of Disburs	D /	YY	Y Y	1
Mailing Address 711 Amboy Avenue				0 3		3 1	20	ŏ6 [°]	
,	State Zip Code NJ 07095			Amou	nt of Eac	n Disburs	ement t	his Pe	riod
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Full Name (Last, First, Middle Initial)					action ID				
Lloyd E. Gauntt DDS, MS, INC				M	of Disburs	D /	YY	Y Y	1
Mailing Address 725 W. La Veta Ave Suite 120				0 3		3 1	2 0	ŏ6 [°]	
City Orange	State Zip Code CA 92868			Amou	nt of Eac	n Disburs	ement t	his Pei	riod
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NAME OF COMMITTEE (In Full)											
American Association of Orthodontists	Political Action Committee										
Full Name (Last, First, Middle Initial)				T	ransa	ction ID): D891				
Goodchild and Goodchild DDS, PC				D	ate of	Disburs		Y Y	Y	Υ	
Mailing Address 4700 Chamblee-Duny	voody Rd.			L	0 3		3 1	. 2	0 Ď 6		
City Dunwoody	State Zip Code GA 30338			Α	mount	t of Eac	h Disbur	semer	t this F	eriod	
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Full Name (Last, First, Middle Initial)				<u> </u>			D044				
Bernardi and Groesch DDS, LTD				- 1		ction ID Disburs	: D814 sement				
Mailing Address 0504 Farman Duits				- [м м 0 3	/ D	3 1 /	YYY	0 0 6	Υ	
Mailing Address 2534 Farragut Drive					,						
City Springfield	State Zip Code IL 62704			A	mount	t of Eac	h Disburs	semen	t this F	eriod	_
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State: District:											
Full Name (Last, First, Middle Initial) Richard Gutierrez DDS, MS, INC						ction IC Disburs	: D848 sement				
Mailing Address PO Box 4466					0 3 M	/ D	3 1 /	ž	0 ŏ 6	Y	
City El Centro	State Zip Code CA 92243			Α	mount	t of Eac	h Disburs	semen	t this F	eriod	
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NAME OF COMMITTEE (In Full) American Association of Orthodontists Poli	tical Action Committee								
Full Name (Last, First, Middle Initial)				Trans	action I	D : D849			
Daniel L. Hall DDS, MSD, Inc						rsement	V V		,
Mailing Address 234 Oak Meadow Drive				0,3	M / [31 /	' 2 (o ŏ 6 `	
,	State Zip Code			Amou	nt of Ea	ch Disburs	sement	this Pe	eriod
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Candidate Name		Category Type	/						
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President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)						D : D892			
A.B. Hammond PC						rsement	V V		
Mailing Address 208 E. Washington Stree	t			0 ^M 3	M / [31 /	ž	o ŏ 6 `	
,	State Zip Code VA 24450			Amou	nt of Ea	ch Disburs	sement	this Pe	eriod
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Cosmo Haralambidis DMD Inc.				Date	of Disbu	D: D826 rsement			
Mailing Address 59 Phenix Ave.				0,3	M / [31 /	' 2 (o ŏ 6 `	
,	State Zip Code RI 02920			Amou	nt of Ea	ch Disburs	sement t	this Pe	eriod
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NAME OF COMMITTEE (In Full)											
American Association of Orthodontists Po	litical Action Committee										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	D779				
Lawrence Harte DDS, PA				Dat		Disburse		V V	V	V	
Mailing Address 6 Apple Tree Lane				O ^M	3 "	[′]	1 /	2	0 Ď 6		
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Senate President	Primary General Other (specify) ▼										
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Full Name (Last, First, Middle Initial)				Tra	near	tion ID:	D850				
Thomas Hartman, DDS, MS, Inc.				Dat	e of D	Disburse	ement	., • .,		14	
Mailing Address 2601 Boniface Parkway				0 ^M	3 ^M	[′] 3	1 /	ž	0 Ď 6	Y	
City Anchorage	State Zip Code AK 99504			Am	ount (of Each	Disburs	emen	t this F	erio	1
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President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial) Steven L. Hechler DDS, MS, PA						tion ID: Disburse					
Mailing Address 12800 Metcalf Ave Suite 1				0 ^M	3 ^M	[′] 3	1 /	Ý ž	0 ŏ 6	Y	
City	State Zip Code			Am	ount (of Each	Disburs	emen	t this F	erio	i
Overland Park	KS 66213				•	•			150.0)O	٦
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American Association of Orthodontists Po	itical Action Committee										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	D757				
Lana R. Helms DDS, MSD, PC				Dat		Disburse		ΥΥ	Y	Υ	
Mailing Address PO Box 905				0	3	3	1 /	2	0 Ó 6		
City Washington	State Zip Code IN 47501			Am	ount	of Each	Disburs	emen	t this F	erio	k
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Senate President	Primary General Other (specify) ▼										
State: District:	(- (-)) \										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	D893				
Harold E. Hickam DDS, PC						Disburse		V * V	* V *	V	
Mailing Address PO Box 1592				0 ^M	3 ^M	[′] 3	1 /	ž	0 Ď 6	Y	
City Perry	State Zip Code GA 31069			Am	ount	of Each	Disburs	emen	t this F	erio	t
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Senate President	ment For: Primary General Other (specify)		-								
State: District: Full Name (Last, First, Middle Initial)				T		ID	D004				
John J. Hodge DMD, MS, PA				_		tion ID: Disburse		V - V	V	V	
Mailing Address 4227 Poplar Springs Dr.				O	3 "	່	1 ′	2	0 Ď 6		
City Meridian	State Zip Code MS 39305			Am	ount	of Each	Disburs	emen	t this F	erio	t
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NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to s	SOIICIT COTITID	ulions nom su	CII COITIITIILLEE	
American Association of Orthodontists Po	itical Action Committee					
Full Name (Last, First, Middle Initial)				ction ID: D80	-	
Richard Hovda DDS, MS, SC				Disbursement		V
Mailing Address 519 N. 17th Avenue			03	31	žoŏe	3
City Wasau	State Zip Code WI 54401		Amount	of Each Disbu	ursement this I	Period
Purpose of Disbursement	VVI 34401				200.	00
Candidate Name		Category/ Type				
Office Sought: House Disburse Senate	ement For: Primary General Ge					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)				ction ID: D80		
Bruce W. Hultgren DDS, PA			M M	Disbursement		Y
Mailing Address 101 S. Park Ave.			0.3	3 1	žoŏe	6
City Le Center	State Zip Code MN 56057		Amount	of Each Disbu	ursement this I	Period
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Candidate Name		Category/ Type				
Office Sought: House Disburse Senate	ement For: Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)				ction ID: D80	-	
James B. Indiveri DMD PC			M M	Disbursement		Y
Mailing Address 300 West R.D. Mize Roa			0.3	3 1	žoŏe	5
City Blue Springs	State Zip Code MO 64014		Amount	of Each Disbu	ursement this I	Period
Purpose of Disbursement	0+01+		- [500.	00
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Senate President	Primary General Other (specify) ▼					
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NAME OF COMMITTEE (In Full)											
American Association of Orthodontists Po	itical Action Committee										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	D851				
John C. Ive DDS, MSD, PS				Da		Disburse / D		ΥΥ	Y	Υ	
Mailing Address 19214 Bothell Way, NE				0	3	3	1 /	2	0 Ď 6		
City Bothell	State Zip Code WA 98011			Am	ount	of Each	Disburs	emen	t this P	erioc	<u> </u>
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	ment For:										
Senate President	Primary General Other (specify) ▼										
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Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	D852				
Michael Jacobsen DDS, MS, INC						Disburse		Y Y	ν.	Y	
Mailing Address 12587 Hesperia Road Suite A				0	3 "	3	1 /	2	0 Ď 6		
City Victorville	State Zip Code CA 92392			Am	ount	of Each	Disburs	emen	t this P	erioc	i
Purpose of Disbursement				1 L					250.0	00	
Candidate Name			egory/ /pe								
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)										
Full Name (Last, First, Middle Initial)				T		ID.	D007				
Brian Jacobus, Jr., DDS, MS, PC				Da	te of [tion ID: Disburse		V V	Υ.	Y	
Mailing Address 1100 SW St. Lucie West Suite 207	Blvd			Ő	3	3	1	2	0 ŏ 6		
City Port St. Lucie	State Zip Code FL 34986			Am	ount	of Each	Disburs	emen			i
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NAME OF COMMITTEE (In Full)											
American Association of Orthodontists Po	olitical Action Committee										
Full Name (Last, First, Middle Initial)				Trar	nsact	tion ID:	D806				
Ernst K. Janzen DDS, MS and Assoc.				Date	e of D	Disburse		V * V	V	V	
Mailing Address 1220 Meadow Road Third Floor				o c	3 "	′	1 /	<u>'</u> 2	0 Ó 6		
City Northbrook	State Zip Code IL 60062			Amo	ount (of Each	Disburs	emen	t this F	erio	i
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President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)				Trar	nsact	tion ID:	D898				
Mark W. Johnston DMD MS, PC						Disburse		v · v	V *	V	
Mailing Address 1070 Woodlawn Drive Suite 200				o ^M S	3 "	′ _ ັ 3	1 /	<u>'</u> 2	0 Ó 6		
City Marietta	State Zip Code GA 30068			Amo	ount (of Each	Disburs	emen	t this F	Period	i
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Senate President	Primary General Other (specify) ▼										
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Full Name (Last, First, Middle Initial)				Trar	nsac	tion ID:	D807				
Dr. Douglas A. Jolstad				Date		Disburse	ement				
Mailing Address 20770 Linwood Rd				O ^M S	3 ^M	[/] 3	1 /	Ý Ž	0 Ď 6	Y	
City	State Zip Code			Amo	ount (of Each	Disburs	emen	t this F	Period	ı
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 NAME OF COMMITTEE (In Full) 	le and address of any political co	ommittee to sc	iicit contributi	Ons from suci	Committee	
American Association of Orthodontists Po	litical Action Committee					
Full Name (Last, First, Middle Initial)				on ID: D899		
David C. Jones DDS, PC				sbursement	Y Y Y	Y
Mailing Address 25 Cleveland Ave Ste. E			0 3	31	žoŏe	S
City Martinsville	State Zip Code VA 24112		Amount of	f Each Disburs	sement this F	Period
Purpose of Disbursement	Г				150.0	00
Candidate Name	L	Category/				
Office Sought: House Disburs	ement For: Primary General Other (specify)	Туре				
Full Name (Last, First, Middle Initial)			Transacti	on ID: D809		
John Katsis DDS, LTD				sbursement	V * V * V *	V
Mailing Address 110 South Oak Ave			0 3	31	ž 0 Ď 6	3
City Bartlett	State Zip Code IL 60103		Amount of	f Each Disburs		
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Candidate Name	-	Category/ Type				
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial)			Transacti	on ID: D853		
Barry M. Katzen DDS, PC				sbursement		_
Mailing Address 2937 Siskiyou Blvd			0 3	31	žoóe	S ^Y
City Medford	State Zip Code OR 97504		Amount of	f Each Disburs	sement this F	Period
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Candidate Name		Category/ Type				
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\rangle	American Association of Orthodontists Pol	tical Action Committee										
Α.	Full Name (Last, First, Middle Initial) W. A. Kimbrough DDS, MS, Inc					Date		isburs	: D933 ement		Y Y	Y
	Mailing Address 1542 Green Oak Place					0 3		3	3 1 /		ž 0 Ŏ	6
		State Zip Code TX 77339				Amou	unt o	f Each	Disbu	irseme	nt this	Period
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_	Full Name (Last, First, Middle Initial)					Trans	sact	ion ID	: D810)		
B.	Shanon Kirchhoff DDS, PC								ement		ΥΥ	Y
	Mailing Address 1461 N. Kingshighway					0.3		3	3 1		žoŏ	6
	Cape Girardeau	State Zip Code MO 63701				Amou	unt o	f Each	Disbu	irseme	nt this	
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C.	Thomas L. Klechak DDS, PA					Date	of D	isburs	: D900 ement			V
	Mailing Address 943 Cesery Blvd.					0,3	М	/ D3	3 1		ž 0 Ŏ	6
		State Zip Code FL 32211				Amou	ınt o	f Each	Disbu	irseme	nt this	Period
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na				
\rangle	NAME OF COMMITTEE (In Full) American Association of Orthodontists F	·			
۹.	Full Name (Last, First, Middle Initial) Herbert Klontz DDS, INC			Transaction ID: D934 Date of Disbursement	
	Mailing Address 3621 NW 63rd			$\begin{bmatrix}\begin{smallmatrix}M\\0&3\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}D\\3&1\end{smallmatrix}\end{bmatrix}^{T} \begin{bmatrix}\begin{smallmatrix}Y\\2&0&0&6\end{smallmatrix}^{Y}$	
	City Oklahoma City	State Zip Code OK 73116		Amount of Each Disbursement this Peri	od
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	Candidate Name		Category/ Type		
	Office Sought: Senate President State: Disbut	rsement For: Primary General Other (specify)			
3.	Full Name (Last, First, Middle Initial) James Krumholtz DDS, PA			Transaction ID: D901 Date of Disbursement	
	Mailing Address 7301A W. Plametto Pi	ke Road		03 M / 03 D / Y 2006 Y	
	City Boca Raton	State Zip Code FL 33433		Amount of Each Disbursement this Peri	od
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	Candidate Name		Category/ Type		
	Senate President	rsement For: Primary General Other (specify)			
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: D811	
Э.	Gregory F. Kubik LTD			Date of Disbursement	
	Mailing Address 490 Coventry Lane Suite 200			03 M / 03 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Crystal Lake	State Zip Code IL 60014		Amount of Each Disbursement this Peri	od
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	Candidate Name		Category/ Type		
	Office Sought: Senate President State: District:	rsement For: Primary General Other (specify)			
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NAME OF COMMITTEE (In Full)										
American Association of Orthodontists Po	olitical Action Committee									
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	D854			
Albert O.J. Landucci DDS, Inc.				Dat		Disburse		V	V	V
Mailing Address 2720 Edison St.				O	3 "	້ _ ັ 3	1 /	2	0 Ď 6	
City San Mateo	State Zip Code CA 94403			Am	ount	of Each	Disburs	ement	this P	eriod
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President State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)				_						
3. D. William Lange DMD, Inc.				1		tion ID: Disburse				
Mailing Address 9157 Montgomery Road				O ^M	3 ^M	[/] 3	1 /	ž	0 ŏ 6	Y
City Cincinnati	State Zip Code OH 45242			Am	ount	of Each	Disburs	ement	this P	eriod
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Senate	Primary General									
President State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)				T		ID.	D700			
Robert Larson, PC				1		tion ID: Disburse				
Mailing Address 6070 N. Keystone Ave.				O ^M	3 ^M	/ D3	D /	y y 2	0 ŏ 6	Υ
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City Indianapolis	State Zip Code IN 46220			Am	ount	of Each	Disburs	ement	this P	eriod
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Candidate Name		Cate Ty	gory/ pe							
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NAME OF COMMITTEE (In Full)	allitical Action Occasion											
American Association of Orthodontists P	olitical Action Committee											
Full Name (Last, First, Middle Initial)				1	Transa	ection	n ID:	D827				
Lawrence E. Levy DMD, PA					Date of	_			V V	Y	Υ	
Mailing Address Two Great Falls Plaza					0 3		^D 3	1 ′	2	0 Ď 6		
City Auburn	State Zip Code ME 04210			,	Amour	nt of E	Each	Disburs	emen	t this F	Perio	t
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Full Name (Last, First, Middle Initial)				1	Γransa	ection	n ID:	D781				
3. Amy T. Light DMD, PC					Date of	_			Y Y	Y	Υ	
Mailing Address 9812 Falls Road Suite 118					0 3		ັ3	1 /	2	0 Ó 6		
City Potomac	State Zip Code MD 20854				Amour	nt of E	Each	Disburs	emen	t this F	Perio	t
Purpose of Disbursement Refund to Individual										100.0	00	
Candidate Name			egory/ vpe									
Senate President	sement For: Primary General Other (specify) ▼											
State: District:				-								
Full Name (Last, First, Middle Initial) Rodney Littlejohn DDS, PC					Transa Date of	f Disk	ourse					
Mailing Address 211 West Main Street					0,3		[□] 3	1 ′	ž	0 Ď 6	Y	
City Waterloo	State Zip Code NY 13165			4	Amour	nt of E	Each	Disburs	emen	t this F	Perio	t
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NAME OF COMMITTEE (In Full)											
American Association of Orthodontists Po	litical Action Committee										
Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	D829				
Michael Lozman DDS, PC				_	ate of I	Disburse		Y Y	Y	Υ	
Mailing Address 17 Johnson Road					3 "	3	1 /	2	0 Ď 6		
City Latham	State Zip Code NY 12110			Aı	mount	of Each	Disburse	ement	this P	erioc	ī
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Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	D902				
3. Albert Lucas DMD, PA				D	ate of I	Disburse	ement				
Mailing Address 11141 SW 64th Ave.) 3 ^M	[/] 3	1 /	ž	0 0 6	Y	
City Pinecrest	State Zip Code FL 33156			Aı	mount	of Each	Disburs	ement	this P	erioc	ı
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Full Name (Last, First, Middle Initial)						tion ID:					
Joseph Lunsford DDS, MS, PA					M M	Disburse / D	ement	v v		V	
Mailing Address 7301-AW Palmetto Park Suite 104-C	Road				ຶ່ 3 ື	່	1 ′	2	0 ŏ 6		
City Boca Raton	State Zip Code FL 33433			Aı	mount	of Each	Disburse	ement	this P	erioc	I
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	y Information copied from such Reports and State for commercial purposes, other than using the nan									
\rangle	NAME OF COMMITTEE (In Full) American Association of Orthodontists Po									
۹.	Full Name (Last, First, Middle Initial) Lee Mahlmann DDS, MS, Inc						action ID of Disburs			
	Mailing Address 4411 Avenue N					0 3	M / D	3 1	ŽOĎ	6 ^Y
	City Rosenberg	State TX	Zip Code 77471			Amou	nt of Each	Disburse	ement this	
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	Candidate Name			Category Type						
	Office Sought: House Disburs	ement For: Primary Other (spe	General ecify) ▼							
3.	Full Name (Last, First, Middle Initial) Charles A. Manilla DDS, MS, Inc.						action ID	-		
	Mailing Address 347 Park Ave.					0 ^M 3		3 1	žoŏ	6 Y
	City Hamilton	State OH	Zip Code 45013			Amou	nt of Each	n Disburse	ement this	Period
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_	Full Name (Last, First, Middle Initial)						action ID			
j.	Richard Mariani Jr, PA					M	of Disburs	D /	Y Y Y	Y
	Mailing Address 7741 SW 62nd Ave					0 3		3 1	ŽOŎ	6
	City South Miami	State FL	Zip Code 33143			Amou	nt of Each	Disburse	ement this	
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	ny Information copied from such Reports and Sta for commercial purposes, other than using the n									
\rangle	NAME OF COMMITTEE (In Full) American Association of Orthodontists									
١.	Full Name (Last, First, Middle Initial) Richard Mattson, DMD PA						ction ID			
	Mailing Address PO Box 250					0 3	/ 03	3 1 / `	žoŏ	6 ^Y
	City Olney	State MD	Zip Code 20832			Amoun	t of Each	Disburse	ement this	
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	Candidate Name			Categ Typ	-					
	Office Sought: House Disbute Senate President State: District:	Primary Other (spe	General ecify) ▼							
3.	Full Name (Last, First, Middle Initial) Gary McMullen DDS, Inc.						ction ID			
	Mailing Address 7916 Pebble Beach D Suite 105	r.				0 3	/ D3	3 1 / T	200	6 ^Y
	City Citrus Heights	State CA	Zip Code 95610			Amoun	t of Each	Disburse	ement this	
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Э.	Full Name (Last, First, Middle Initial) William Mehan, DMD PA						ction ID			
	Mailing Address 113 Mammoth Road					0 3	/ 03	3 1 / `	žoŏ	6 ^Y
	City Manchester	State NH	Zip Code 03109			Amoun	t of Each	Disburse	ement this	
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NAME OF COMMITTEE (In Full)											
American Association of Orthodontists Po	litical Action Committee										
Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	D877				
Thomas J. Melcher DDS, MS, PC				_	te of I	Disburse		Y Y	Y	Υ	
Mailing Address 335 S. Boulder Road				0	3	3	1 /	2	0 Ó 6		
City Louisville	State Zip Code CO 80027			An	nount	of Each	Disburs	emen	t this F	erio	t
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Michael L. Mizell DDS, PC				_		Disburse		Y Y	Y	Υ	
Mailing Address 7700 San Felipe Ste. 250				0	3	3	1 /	2	0 Ó 6		
City Houston	State Zip Code TX 77063			An	nount	of Each	Disburs	emen	t this F	erio	ţ
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Alan B. Montgomery Orthodontics						tion ID: Disburse		V · V		V	
Mailing Address 4525 Hodgson Road Suite 700				Ó	3 "		1 ′	2	0 ŏ 6		
City Shoreview	State Zip Code MN 55126			An	nount	of Each	Disburs	emen	t this F	erio	ţ
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NAME OF COMMITTEE (In Full) American Association of Orthodontists F				
Full Name (Last, First, Middle Initial) A. Robert B. Moss Jr. DMD, PC			Transaction ID: DS Date of Disburseme	_
Mailing Address 1600 Third Avenue			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & 1 \end{bmatrix}$	Y 2006
City Albany	State Zip Code GA 31707		Amount of Each Dis	sbursement this Period
Purpose of Disbursement				200.00
Candidate Name		Category/ Type		
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Kirby M. Nelson DDS, PS			Transaction ID: D8 Date of Disburseme	
Mailing Address 244 Bendigo Blvd.,			03	2006
City North Bend	State Zip Code WA 98045		Amount of Each Dis	sbursement this Period
Purpose of Disbursement				100.00
Candidate Name		Category/ Type		
Senate President	rsement For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: D7	
F. James O'Bosky DDS, PA			Date of Disburseme	ent
Mailing Address 70 West Allendale Ave)		03 31	2006
City Allendale	State Zip Code NJ 07401		Amount of Each Dis	sbursement this Period
Purpose of Disbursement				175.00
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American Association of Orthodontists Po	litical Action Committee											
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Kay W. O'Leary DDS, PA					Date of	Disbu			· · ·	V *	V	
Mailing Address 2286 Tamiami Trail					0 3 "	J L	3 1		2	0 Ď 6		
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Mark C. Oberheim DMD, MDS, PC						Disbu						
Mailing Address 2601 Wilmont Drive					0 3		^D 3 1		ž	0 Ď 6	Y	
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Full Name (Last, First, Middle Initial) G. Stephen Ollard DDS, PLLC					Date of	ction Disbu	ırsen					
Mailing Address 6311 Kingston Pike Suite 26W					03 M]	3 1		ž	0 Ď 6	Y	
City Knoxville	State Zip Code TN 37919			A	Amoun	t of Ea	ch C	isburse	ement	this P	erio	ŀ
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Α.	Full Name (Last, First, Middle Initial) Bruce Ollins, DMD PA							Trans Date								
	Mailing Address 653 Franklin Avenue							0 ^M 3	М	/ [3 1) /	Y	ž 0 Ŏ	6 ^Y	
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В.	Full Name (Last, First, Middle Initial) Long Orthodontic Associates							Trans Date	of D	isbu	rsem	nent				
	Mailing Address 299 Hess Blvd.							0 ^M 3	М	/ [3 1) /	Y	ž 0 Ŏ	6 ^Y	
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— С.	Full Name (Last, First, Middle Initial) Alabama Orthodontics Assoc., PC							Trans								
	Mailing Address 125 N. Chalkville Road								М		3 1	_	Y	ž o ŏ	6 ^Y	
		State AL	Zip Code 35173					Amou	ınt o	f Ead	ch D	isbur	seme	nt this	Perio	nd
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American Association of Orthodontists Po	litical Action Committee										
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Mailing Address 340 East Reed Ave				L	0 3	3	3 1 /	2	0 Ó 6		
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Embrace Orthodontics Inc.				D	ate of	Disburs	ement	V V	V .	V	
Mailing Address 130 S. Alvarado St.					0 3] / [] 3	3 1 /	Ż	0 Ď 6	T	
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Mailing Address Caughlin Parkway Suite 305					0 3	/ D3	31 /	' 2	0 Ď 6		
City Reno	State Zip Code NV 89509			A	mount	of Each	Disburs	emen	t this F	erio	t
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NAME OF COMMITTEE (In Full)										
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Cambridge Orthodontics PA				_	ate of	Disburs		Y Y	Y	Υ
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3. Sprayberry Orthodontics PC				D	ate of	Disburs	ement	V * V	V	V
Mailing Address 773 North Dean Road					3 M	/ 5	3 1 /	ž	0 Ď 6	<u> </u>
City Auburn	State Zip Code AL			A	mount	of Each	Disburs	ement	t this P	eriod
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Mailing Address 520 N. Miles St.) 3 M	/ 03	31/	ž	0 Ď 6	Y
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Werner Orthodontics, Inc.						isburse		V * V	· V	V	
Mailing Address 9602 E. Washington				0 ^M 3	М	[′] 3	1 /	Ż	0 Ď 6	Ť	
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Full Name (Last, First, Middle Initial) Avon Orthodontics						ion ID: isburse					
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Α.	Full Name (Last, First, Middle Initial) Modern Orthodontics							Trans								
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	Mailing Address 5401 Willow Lane							0 3		;	3 1		2	žοŏ	6	
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В.	South Texas Orthodontics							Date				ent				
	Mailing Address 14855 Blanco Road							0 ^M 3	М	/ D;	3 1	/	Y 2	žοŏ	6 ^Y	
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C.	Full Name (Last, First, Middle Initial) David Paolini, DMD, LTD							Trans Date								
	Mailing Address 250 Buford Avenue							0 ^M 3	М	/ D	3 1	/	Y	ž o ŏ	6 ^Y	
	City Gettysburg	State PA	Zip Code 17325					Amou	int o	f Eacl	n Di	sbur	semer	nt this	Period	t
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James M. Phillips DMD, PC				М	М	sburse	D /	ΥΥ	Y	Υ
Mailing Address 1675 Montclair Road Ste. 228				0.3		3	1	2	0 ŏ 6	
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American Association of Orthodontists Po	litical Action Committee										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	D831				
Jeffrey S. Pierce DMD, PC					-	Disburse / D		V * V	· V	V	
Mailing Address 81 George Street				O	3	/ L 3	1 /	Ż	0 Ď 6	,	
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Gary L. Pool DMD, MS, PC						Disburs	-				
Mailing Address 1721 Russell Parkway				0 ^M	3	/ D3	1 /	y y 2	0 ŏ 6	Y	
City Warner Robins	State Zip Code GA 31088			Am	ount	of Each	Disburs	emen	t this F	Perio	1
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Full Name (Last, First, Middle Initial) Jacob Posen, DMD, PC						tion ID: Disburse					
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NAME OF COMMITTEE (In Full)										
American Association of Orthodontists P	olitical Action Committee									
Full Name (Last, First, Middle Initial)				Trar	nsac	tion ID:	D788			
Barry D. Raphael DMD, PA				Date	of C	Disburse		Y Y	Y	Υ
Mailing Address 1425 Broad Street				0.3	3	3	1 /	2	0 Ď 6	
City Clifton	State Zip Code NJ 07013			Amo	ount (of Each	Disburs	ement	this P	eriod
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Senate President	Primary General Other (specify) ▼									
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Full Name (Last, First, Middle Initial)				Tran	sact	tion ID:	D913			
3. Donald A. Ray, DDS, MS, PA				Date	e of D	Disburse	ement	v * v	* V *	V
Mailing Address 385 Pineda Ct.				O ^M 3	3 ^M	[′] 3	1 /	Ž	0 Ď 6	
City Melbourne	State Zip Code FL 32940			Amo	ount o	of Each	Disburs	ement	this P	eriod
Purpose of Disbursement			-						200.0	0
Candidate Name	L	Cate								
Office Sought: House Disbur	sement For:	Ту	Je	-						
Senate	Primary General									
President	Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Richard H. Renwick, DDS, LTD						t ion ID: Disburse				
Mailing Address 1713 Campbell St.				O ^M S	3 M	[/] 3	1 /	ž	0 0 6	Y
City	State Zip Code			Amo	ount (of Each	Disburs	ement	this P	eriod
Joliet Purpose of Disbursement	IL 60435		-	- [200.0	0
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NAME OF COMMITTEE (In Full)										
American Association of Orthodontists I	Political Action Committee									
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	D752			
Dr. Stephen C. Roehm				Date	of D	Disburse / D		v v	V *	V
Mailing Address 1315 Featherwood Dr				0 3	3 ""	3	1 /	2	0 Ď 6	
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B. Dennis L. Roginson DDS, PC				Date	of D	Disburse	ement	Y Y	Y	Υ
Mailing Address 22600 Ventura Blvd. Suite 202				o ^M 3	3	3	1 /	2	0 Ď 6	
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Charles O. Rohrer, DDS, PA				1	of D	tion ID: Disburse				
Mailing Address 625 E. Nicollet Blvd.				0 3	3 M	[/] 3	1 ′	Ż	0 Ď 6	
City Burnsville	State Zip Code MN 55337			Amo	unt o	of Each	Disburs	emen	this P	eriod
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NAME OF COMMITTEE (In Full)											
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Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	: D861				
Thomas P. Rose, DDS, MS, PC					ate of I	Disburs		v v	V	Υ	
Mailing Address 17900 Brookhurst Stree Suite C					3	3	3 1 /	2	0 Ď 6		
City Fountain Valley	State Zip Code CA 92708			Ar	nount	of Each	Disburs	emen	t this P	erioc	_
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Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	D821				
3. Jacqueline G. Rosen DDS, MS, PC				Da	ate of I	Disburs	ement	V * V	V	V	
Mailing Address 355 W. Dundee Suite 215					3 M	/ [3	3 1 /	ž	0 Ď 6	Y	
City Buffalo Grove	State Zip Code IL 60089			Ar	nount	of Each	Disburs	emen	t this P	erioc	_
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Full Name (Last, First, Middle Initial)				-		.: ID	D000				
Neil D. Ross DDS, PC						tion ID: Disburs		V V	V	V	
Mailing Address 826 Altos Oaks Drive Suite C				C	"3 ""	່	31 /	2	0 ŏ 6		
City Los Altos	State Zip Code CA 94024			Ar	nount	of Each	Disburs	emen	t this P	erioc	_
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Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	D863				
Bert D. Rouleau DMD, MS, Inc				Dat		Disburse / D		v • v	· · ·	V	
Mailing Address 1174 Castro Street Ste. 120				O	3 "	້ _ 3	1 /	2	0 Ó 6		
City Mountain View	State Zip Code CA 94040			Am	ount	of Each	Disburs	emen	t this F	erio	į t
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Charles Ruff, DMD, PA				1		Disburs					
Mailing Address 12 Park Street				0 ^M	3 ^M	[′] 3	D /	Ý Ž	0 Ď 6	Υ	
City Waterville	State Zip Code ME 04901			Am	ount	of Each	Disburs	emen	t this F	erio	t
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S. Everett Rushing, DMD, PA				1		tion ID: Disburse	-	v v	V	V	
Mailing Address 5417 Robinson Road				0	3 "	້ 3	1 ′	2	0 ŏ 6		
City Jackson	State Zip Code MS 39204			Am	ount	of Each	Disburs	emen	t this F	erio	į
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or for commercial purposes, other than using the nan	ne and address of any political co	omm	ittee to s	olicit	contrib	utions fr	om such	comn	nittee		
NAME OF COMMITTEE (In Full)											
American Association of Orthodontists Po	olitical Action Committee										
Full Name (Last, First, Middle Initial)				Т	ransa	tion ID	: D878				
David Sabott, DDS, MS, PC				D	ate of	Disburs		v v	V	V	
Mailing Address 1717 Folsom St.					0"3 "]	3 1 /	2	0 Ď 6		
City Boulder	State Zip Code CO 80302			Α	mount	of Each	Disburs	emen	t this P	erio	i
Purpose of Disbursement	00 00302			- [•				150.0	00	7
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State: District:	canor (openity)										
Full Name (Last, First, Middle Initial)				Т	ransa	tion ID	: D835				
Steven L. Scher, DDS, PC						Disburs					
Mailing Address 24 Imperial Avenue					0 3	/ D3	3 1 /	Ý Ž	0 0 6	Y	
City Westport	State Zip Code CT 06880			A	mount	of Each	Disburs	emen	t this P	erio	i
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Ray Scott Smith DMD, PC						ction ID Disburs		V V	V	V	
Mailing Address 275 Bicentennial Hwy					0,3 ,,		31 /	2	0 Ď 6		
City Springfield	State Zip Code MA 01118			A	mount	of Each	Disburs	emen	t this P	erio	i
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or for commercial purposes, other than using the name										•	
NAME OF COMMITTEE (In Full)											
American Association of Orthodontists Pol	itical Action Committee										
Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	D916				
Gregory P. Scott, DDS, PA				_	ate of I	Disburs		y y	ν.	Υ	
Mailing Address 5110 South Lakeland Dr.					3	3	1 /	2	0 Ď 6		
	State Zip Code FL 33813			Ar	nount	of Each	Disburs	ement	this P	erioc	i
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r dipose of Disbursement								-			_
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Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	D864				
3. Dona M. Seely, DDS, PS				Da	ate of I	Disburs	ement				
Mailing Address 15507 2nd Ave SW					3 M	[/] 3	1 /	Y Ž	0 0 6	Y	
•	State Zip Code WA 98166			Ar	nount	of Each	Disburs	ement	this P	erioc	i
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Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	D790				
Jeffrey W. Seiger DMD, LLC						Disburs					
Mailing Address 1 Black Oak Trail				d	3 M	/ D3	1 /	Ý Ž	0 ŏ 6	Υ	
City	State Zip Code			Ar	nount	of Fach	Disburs	ement	this P	erioc	
	NJ 07059										
Purpose of Disbursement	1	v	-					_	50.0	00	_
Candidate Name	١.	Cate	gory/ pe								
Office Sought: House Disburse Senate	ment For: Primary General										
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\	NAME OF COMMITTEE (In Full)										
/	American Association of Orthodontists Po	litical Action Committee									
	Full Name (Last, First, Middle Initial)				1	ransa	ction ID	: D797			
١.	Orthognathic Services LTD				[Date of	Disburs		Y Y	Υ	Υ
	Mailing Address 14004 53rd Ave					0 3		3 1 [/]	2	0 Ď 6	
	City Plymouth	State Zip Code MN 55446			,	Amoun	t of Each	n Disburs	emen	t this F	Period
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	Senate President	Primary General Other (specify) ▼									
	State: District:	Carlor (opcomy)									
	Full Name (Last, First, Middle Initial)				٦,	ransa	ction ID	: D865			
3.	Michael W. Sheets DMD, MS, PC					Date of	Disburs	ement	y	Υ .	Y
	Mailing Address 2434 NW Professional D	Prive				0 ^M 3 M]	3 1	2	0 Ď 6	
	City Corvallis	State Zip Code OR 97330			,	Amoun	t of Each	n Disburs	emen	t this F	Period
	Purpose of Disbursement									100.0	00
	Candidate Name			tegory/ Type							
	Senate President	ement For: Primary General Other (specify)									
	State: District:										
Э.	Full Name (Last, First, Middle Initial) Larry C. Smedley DDS, LTD						ction ID Disburs	-			
	Mailing Address 797-4 E. Lancaster Ave.					03 м	/ D;	3 1	ž	0 Ď 6	Y
	City	State Zip Code			1	Amoun	t of Each	n Disburs	emen	t this F	Period
	Downingtown Purpose of Disbursement	PA 19335	Ι		-					250.0	00
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 NAME OF COMMITTEE (In Full) 	and address of any political co	ommittee to s	Olicit Contrib	utions from s	uch committee	
American Association of Orthodontists Poli	tical Action Committee					
Full Name (Last, First, Middle Initial)				ction ID: D91		
John R. Smith, DDS, PA				Disbursemen		Y
Mailing Address 1350 Tuskawilla Road			0,3	['] 3 1	y y y y	6
	State Zip Code FL 32708		Amount	of Each Disk	oursement this	Period
Purpose of Disbursement	32700		-		200	0.00
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Candidate Name		Category/ Type				
Office Sought: House Disburser	ment For: Primary General					
President	Other (specify)					
State: District:	· 					
Full Name (Last, First, Middle Initial)				tion ID: D91	-	
J. Randall Smith, DDS, PC			M M	Disbursemen		Y
Mailing Address 205 South Jackson Stree	t		0.3	3 1	y žo v	6
,	State Zip Code TN 37388		Amount	of Each Disk	oursement this	Period
Purpose of Disbursement	37300		- [200	0.00
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Candidate Name		Category/ Type				
Office Sought: House Disburser Senate	ment For: Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) Orthodontic Specialists of Green Bay				ction ID: D81 Disbursemen		
Mailing Address 11 Broadview Dr.			03	3 1	['] 200	6 Y
,	State Zip Code WI 54301		Amount	of Each Disk	oursement this	Period
Purpose of Disbursement					200	0.00
Candidate Name		Category/ Type				
Office Sought: House Disburser	ment For:	71				
Senate	Primary General					
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam								
\rangle	NAME OF COMMITTEE (In Full) American Association of Orthodontists Po	litical Actic	on Committee						
١.	Full Name (Last, First, Middle Initial) M.E. Steen, DDS, PA					ction ID f Disburs			
	Mailing Address 840 West New York Ave	enue			0,3) / D	3 1 /	žoŏ	6 ^Y
	City Deland	State FL	Zip Code 32720		Amour	t of Each	Disburse	ement this	
	Purpose of Disbursement				<u> </u>			300	.00
	Candidate Name			tegory/ Γype					
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼						
3.	Full Name (Last, First, Middle Initial) Michael G. Steinberg DDS, PA					ection ID	-	V * V * V	V
	Mailing Address 241 Millburn Ave.				0,3	\	3 1 /	ŽOĎ	6
	City Millburn	State NJ	Zip Code 07041		Amour	t of Each	Disburse	ement this	
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	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General						
).	Full Name (Last, First, Middle Initial) Donna J. Stenberg, DDS, MS, PA					iction ID	-		
	Mailing Address 1395 Curve Crest Blvd.				0 3	/ D3	3 1	Ž 0 Ŏ	6 ^Y
	City Stillwater	State MN	Zip Code 55082		Amour	t of Each	Disburse	ement this	Period
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Any Information copied from such Reports and Staten	lents may not be sold or used b	ov anv			_					Ш s	300
or for commercial purposes, other than using the nam										-	
NAME OF COMMITTEE (In Full)											
American Association of Orthodontists Po	itical Action Committee										
Full Name (Last, First, Middle Initial)				Trai	nsact	tion ID:	D937				
Claude Stephens, Jr. DDS, MS, PC				Dat	e of D	Disburse / D		V . V	V	V	
Mailing Address 555 East Beltline				O S	3 "	3	1 /	2	0 Ď 6		
City DeSoto	State Zip Code TX 75115			Am	ount (of Each	Disburs	emen	t this F	erio	t
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	ment For:										
Senate President	Primary General Other (specify) ▼										
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Full Name (Last, First, Middle Initial)				Trai	nsact	tion ID:	D866				
Robert E. Sutter, DDS, Inc.				Dat	e of D	Disburse	ement	ΥΫ́Υ	Y	Υ	
Mailing Address 1101 W. Tokay St. Suite 3				0 ^M	3	3	1 /	2	0 Ó 6		
City Lodi	State Zip Code CA 95204			Am	ount (of Each	Disburs	emen	t this F	erio	i
Purpose of Disbursement	O/C 33204		-						100.0	00	
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	ment For:										
Senate President	Primary General Other (specify) ▼										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)				Trai	nsact	tion ID:	D867				
H. Dixon Taylor, DDS, PC						Disburse					
Mailing Address 4501 Cowell Road				O	3 ^M	[′] 3	1 /	Ý Ž	0 Ď 6	Y	
City	State Zip Code			Am	ount (of Each	Disburs	emen	t this F	erio	t
Concord Purpose of Disbursement	CA 94518			$+ \sqcap$	•				150.0	00	
rurpose of Disbursement								0			_
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	ment For:			7							
Senate President	Primary General										
State: District:	Other (specify)										
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	y Information copied from such Reports and Sta for commercial purposes, other than using the r							S
\rangle	NAME OF COMMITTEE (In Full) American Association of Orthodontists	Political Action	on Committee					
۱.	Full Name (Last, First, Middle Initial) Michael C. Theurer, DDS, MS, PC				Transaction Date of Disb			
	Mailing Address 1629 West Avenue Ste. 108				03 /	31 /	2 0 0 6	S Y
	City Lancaster	State CA	Zip Code 93534		Amount of Ea	ach Disburse		
	Purpose of Disbursement						200.	00
	Candidate Name			Category/ Type				
	Senate President	ursement For: Primary Other (spe	General ecify) ▼					
3.	State: District: Full Name (Last, First, Middle Initial) William J. Thomas, DDS, MS, LTD				Transaction Date of Disb	-		
	Mailing Address 100 Church Street				03 /	31	2006	SY
	City Vienna	State VA	Zip Code 22180		Amount of Ea	ach Disburse		
	Purpose of Disbursement Candidate Name			Category/ Type	L		350.0	00
	Office Sought: House Senate President State: District:	ursement For: Primary Other (spe	General ▼					
) .	Full Name (Last, First, Middle Initial) David Tillmanns, DDS, MSD, Inc				Transaction Date of Disb			
	Mailing Address 2680 S. White Road Suite 255				03 /	^D 31 /	ŹOŎ6	S Y
	City San Jose	State CA	Zip Code 95148		Amount of Ea	ach Disburse	ement this F	Period
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NAME OF COMMITTEE (In Full) American Association of Orthodontists Poli	tical Action Committee						
Full Name (Last, First, Middle Initial) 1. Thomas F. Tilson, DDS, MS, PLLC				ion ID: D87	-		
Mailing Address 1934 E. Fourth Avenue			0 3 M	31	y y	0 0 6 °	
	State Zip Code WA 98506		Amount o	f Each Disb			-
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Full Name (Last, First, Middle Initial)			Transact	i on ID : D87	"1		
Robert E. Varner DMD, PC			Date of D	isbursemen	t	* V * V	1
Mailing Address 1729 West Harvard			03	31	Ž Ž	0 Ď 6 Ť	
Roseburg	State Zip Code OR 97470		Amount o	of Each Disb			-
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Full Name (Last, First, Middle Initial)			Transact	ion ID: D82	94		
George L. Walker LTD			Date of D	isbursemen	t		
Mailing Address 804 W. Stephenson St.			03	31	y ž	0 Ď 6 Ť	
•	State Zip Code L 61032		Amount o	of Each Disb	ursement	this Per	riod
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American Association of Orthodontists F	Political Action Committee									
Full Name (Last, First, Middle Initial)				Т	ransa	ction ID	: D923			
J. L. Wasson, DDS, PC				D	ate of	Disburs		V V	V .	V
Mailing Address Suite 218-Executive S	quare				0 3 "	֓֞֞֓֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	3 1 /	2	0 Ď 6	
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3. Dr. Lisa K. Wendling				D	ate of	Disburs	ement			
Mailing Address 9410 Maple St PO Box 278					0 3 м	/ D	3 1 /	ž	0 Ó 6	Y
City New Lothrop	State Zip Code MI 48460			Α	mount	of Each	n Disburs	emen	t this P	eriod
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٠.	Cassy Wiggins, DMD, PC						Disbur:			, , , ,	V		
	Mailing Address 17021 Lincoln Avenue Unit A					0 3 M] / [31	. 2	2 0 Ŏ 6	<u> </u>		
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3.	Timothy J. Wilkins DDS, MS, PC						Disbur	_					
	Mailing Address 1950 Holland Ave				-	0 ^M 3 M	/ D	3 1 /	Ý	ο ὁ ε	Y		
	City Port Huron	State Zip Code MI 48060			1	Amoun	t of Eac	h Disbur	semer	nt this F	Perio	b	
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).	Walter P. Witherspoon Jr. PA						Disbur						
	Mailing Address 205 Medical Cir				-	0 3 M	/ D	3 1 /	Y	6 0 ŏ 6	Υ		
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NAME OF COMMITTEE (In Full) American Association of Orthodontists Poli	tical Action Committee						
Full Name (Last, First, Middle Initial) A. Peter W. Worth, DDS, Inc.			Date of	ction ID: [ment	YY	Y
Mailing Address 9197 Greenback Lane Suite A			03	/ D3 ·	1	ž 0 Ď 6	
	State Zip Code CA 95662		Amoun	t of Each D	Disbursem		-
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Candidate Name		Category/ Type					
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial) 3. Richard M. Wright, DDS, PC				ction ID: [Disburser			
Mailing Address One Park Place Suite 240			03	/ D3 ·	1 Y	ž 0 ŏ 6	Y
,	State Zip Code NY 14063		Amoun	t of Each [Disbursem		-
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Full Name (Last, First, Middle Initial) Bankhead and Firth Orthodontics PC				ction ID: [Disburser			
Mailing Address 5524 Telegraph Road			0 3	[/] 3	D / Y	ž 0 ŏ 6	Y
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American Association of Orthodontists Pol	tical Action Committee									
Full Name (Last, First, Middle Initial)							D818			
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Mailing Address 12720 W. North Ave				0,3		3	1 /	2	0 ŏ 6	
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Full Name (Last, First, Middle Initial) Howells and Reed, LLP						on ID: sburse	D789			
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